

PCIN:	<b>SPACE SHUTTLE PROGRAM CHANGE EVALUATION</b>	PAGE                      OF	
CR NUMBER:		BOARD DATE	OPR
EVALUATED BY:		OFFICE:	PHONE NUMBER:
CHANGE TITLE:			
IMPACT DESCRIPTION:			
IMPACT OF NON-INCORPORATION:			
RECOMMENDATION/REMARKS:			
APPROVED BY:	PSI:	ET:	SRB:
			RSRM:
			SSME:
			S&MA:
_____ Signature (Space Shuttle Board Member)		_____ Date	